

Faseha Healthcare Recruitment Ltd

# Vibrant Home Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Vibrant Home Care is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to older people and people who are nearing the end of their lives. At the time of our inspection there were 17 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Quality assurance processes did not always provide effective management oversight for some aspects of the service. Some audits were vague and did not include documented observations as requested on the audit template, such as observations of hand hygiene. There was a lack of oversight to accidents, incidents, and complaints to establish and address emerging trends.

People's health risks were not always fully assessed. Risk assessments were not always completed, 2 people's risk assessment for moving and positioning had not been entirely completed. Care plans for people who required support with their skin integrity did not always contain important information. Other risk assessments, such as, for the use of catheters and equipment to support safe nutrition was detailed and contained enough information for staff.

People were not always protected from infectious diseases by good staff practices, we received some feedback that staff did not always keep people's homes tidy. People were kept safe by staff who understood their responsibilities to recognise and report safeguarding concerns. People received their medicines safely; staff were trained and assessed as competent before administering people's medicines.

People were supported by care staff who received training relevant to their role. Newly recruited staff completed an induction course which included shadowing a more experienced staff member. Where people's needs changed, the registered manager sourced training for staff to be able to safely support them.

People told us there were enough staff to support them, where people required 2 staff, this was planned for and met. People and their relatives spoke highly of the care staff. A relative said, "Staff are brilliant at making sure privacy is respected." A person told us, "The staff are fabulously caring."

People and their relatives told us they were comfortable to complain. A person said, "I'm quite happy to contact the office if I need to. We did have some teething problems at the start." We were given some examples of complaints raised by people and their relatives, they confirmed they were satisfied with the outcome. These complaints had not been included in the complaints log, which meant the registered

manager was unable to ascertain and address reoccurring trends of complaints.

Staff worked with health and social care professionals to ensure people's needs were met. Care records confirmed where staff had contacted district nurses to escalate concerns about people's health. The registered manager described a good working relationship with the local hospice to ensure people had everything they needed to remain comfortable when at the later stages of their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 March 2023).

#### Why we inspected

This inspection was prompted by a review of the information we held about the provider and concerns in respect of their practice.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vibrant Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to assessing risks, quality assurance processes and management oversight.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Vibrant Home Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 3 inspectors. 2 inspectors visited the location's office and 1 inspector made telephone calls to people, their relatives, and staff.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. An additional manager had been in post for 6 months, during the inspection process they became registered with CQC.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 24 August 2023 and ended on 13 September 2023. We visited the location's office on 24 August 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 4 relatives of people who use the service about their experience of the care provided. We approached 3 health and social care professionals for their feedback and spoke with 11 members of staff including the registered manager, the compliance manager, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Risks to people's health were not always assessed and managed safely. Care plans and risk assessments were not always detailed enough to guide staff on how to protect people's skin integrity and prevent the worsening of pressure sores. Care plans for people who had sustained pressure damage did not provide information from the district nursing team, such as, the stage of their sore. Guidance from healthcare professionals in respect of people's position changes lacked information, position changes were not consistently documented as being carried out.
- Some risk assessments were not fully completed, for example, risk assessment for supporting people to move and reposition were incomplete and desired outcomes not recorded. A relative told us staff did not always follow safe practices, they persistently reminded staff to apply the brakes on their loved one's bed and to lower the bed to avoid injury should a fall occur. Another relative said, "Issues with moving and handling, I had to intervene and help." We provided this feedback to the registered manager for their immediate attention.
- Incidents were not always logged and analysed which did not always allow for lessons to be learned when things went wrong. Staff documented when people had experienced falls or when unexplained bruising had been noticed. The management did not collate all falls and injuries to see if there were any emerging trends and patterns to address.
- Unexplained bruises to people had not always been investigated to establish whether a safeguarding referral to the local authority or further medical involvement was required.

The provider failed to ensure risks to people had been assessed and mitigated. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks assessments and care plans were completed where people required equipment to support them. A person was supported with a specialised boot, the care plan was detailed to guide staff on how to safely fit it. People who required health equipment, such as, percutaneous endoscopic gastrostomy (PEG) feeding tubes, and catheters had detailed plans to instruct staff on how to safely support them. Staff received training and demonstrated an understanding on how to use the equipment.
- Systems were in place to safeguard people from abuse. Staff received training to recognise and respond to types of abuse. Staff told us they would report concerns internally, and if needed, to the police and CQC, however, were not aware to report to the local authority if they were concerned about the people they supported. We fed this back to the registered manager who told us they would update the staff handbook with this information.

- People and their relatives told us they felt safe with staff. A relative commented, "We feel very safe with the staff."

#### Preventing and controlling infection

- People were not always protected by infection prevention and control (IPC) practices. We received mixed feedback from health care professionals, people, and their relatives. This included, "They are leaving used personal protective equipment (PPE) all over the house. Clothing dropped and left on the floor." And, "I had to write a letter of complaint because carers were not wearing aprons at the start of the service. I received an apology all resolved now." We fed this back to the registered manager who told us they were unaware of the concerns.
- Staff had received training in IPC and were provided with PPE, such as gloves, face masks and aprons and used these as needed. Enough PPE was available for staff to use should there be an infection outbreak.
- Each person's care plans guided and reminded staff of correct hand washing and PPE procedures. Staff completed daily notes to confirm hand hygiene had been observed.

#### Using medicines safely

- Medicines were managed safely. Staff had received training to administer medicines and their competency had been assessed. A staff member told us, "They (management) ask the clients if they are happy with us and check the medication charts. They check our medication understanding by asking questions."
- People's care plans contained details of their medicines and reasons for administration. Where people required PRN (as required) medicines, care plans guided staff when it would be applicable to offer the medicines. Medicine administration records were kept on the care staff's mobile telephone app and had been completed correctly. Risk assessments and care plans highlighted where people had allergies to specific medicines.
- Medicines were audited to ensure people received their medicines safely.

#### Staffing and recruitment

- There were enough staff to meet people's needs, and staff were recruited safely. People told us they did not feel rushed, and staff usually arrived within the allocated timeslot and stayed for the agreed amount of time. People had not experienced any missed calls. A person told us, "Staff mostly arrive in time, they might be a bit late or early, they do ring if there is a problem."
- Pre-employment reference checks were carried out before staff were employed. Disclosure and Barring Service checks were obtained prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were calculated by reviewing the number of people using the service and their needs. The registered manager told us they made sure there were enough staff available before accepting a new package of care. Staff told us they had enough travel time in between visits to people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010. Assessments were completed by the management team prior to people starting to use the service. People and their families were involved with the assessment process, which took place at people's homes or hospital. A relative told us, "They came out to see Mum when she came home after hospital, they came and did an assessment, they tried to involve Mum, they spoke to her and then we did the factual bits."
- During the assessment process, people's needs and how they wished to be supported were explored. Pre-service assessments included healthcare professional involvement.
- People were given a welcome pack at the start of the service which set out expectations and contained contact details for the office.

Staff support: induction, training, skills and experience

- People were supported by staff who received training relevant to their role. When people were prescribed equipment to support them, such as, PEG feeding tubes or oxygen therapy, the management team arranged further learning to ensure staff could meet their needs. A relative commented, "Staff are trained, [person] feels safe when they are being hoisted. Permission is sought when moving."
- Staff received spot checks and supervisions. Staff told us they were able to contact the registered manager or office staff to ask for advice or request further training. A staff member said, "I have supervisions with [office staff member] normally, I go to the office. When they come to clients houses they don't tell us they are coming when we are checked on the rounds. They check our uniforms, that we are moving and handling properly."
- Staff received an induction, which consisted of 4 days intensive, classroom-based learning. Staff had completed or were working toward the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet and fluid intake. People's food preferences were recorded in their care plans. Staff reported back to people's families or the office staff where people had expressed a wish to change their food choices. Any concerns would be followed up by the management team. For example, a person had run out of bread, the office staff contacted their family to provide more.
- Staff were aware of people's dietary needs, for example, a person preferred to have toast cut up smaller to enable them to eat independently. Staff documented when they made drinks and left drinks for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were able to access healthcare agencies and services. When supporting people, staff watched for signs of deterioration and either contacted or signposted people to the relevant health care professionals. For example, upon noticing a person's breakdown of skin, staff contacted the district nurses for their input. A relative said, "They (staff) are great. Always on the phone to office and other nurses if they need further guidance or assistance."
- The registered manager told us they consulted with people, healthcare professionals and staff to review equipment in the home. For example, a person's mobility had deteriorated and a hoist was obtained to support the person to be able to get out of bed.
- The staff and management team worked with the local hospice and funding authority. Where people required additional hours to support them, this was escalated for additional funding. For example, a person began to walk with purpose during the night which was distressing for their spouse. The service arranged for overnight sit in sessions to ensure the person's safety.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager told us no person using the service lacked mental capacity at the time of our inspection; however, they demonstrated a knowledge of the principles of the MCA. Staff received training and understood how to work in the least restrictive way for people whilst ensuring they had choices.
- We received mixed feedback about whether staff asked for consent when supporting people. A relative told us, "No, some (staff) don't talk at all so they can't ask for permission. More experienced ones do ask for permission." Another said, "Yesterday I heard them (staff) ask Mum if she is ok with a body wash."
- Records showed people were involved in decisions relating to their care and support. Consent forms had been completed where appropriate. Staff documented where they had requested consent from people.
- People were able to make decisions to suit their needs and lifestyles. Changes were accommodated where possible, for example, a person had a hospital appointment and requested an earlier visit.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The system of monitoring and recording complaints and concerns was not robust. There had been few documented complaints by the office staff. One complaint had been responded to by the registered manager, who provided context to the complaint.
- Not all complaints had been recorded in accordance with the provider's policy. For example, staff had documented a complaint about visit times in the daily care notes. A person told us of a complaint they had made, a relative gave details of a further complaint they had made to the office. These had not been recorded as formal complaints but had been responded to by the registered manager. As complaints were not all logged, the registered manager was unable to establish any emerging trends and patterns. This was an area in need of improvement.
- The complaints policy was provided to people and their relatives at the start of the service, this was contained in the welcome pack.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were not always included in their care records. Some people were unable to use words to communicate and used methods, such as gesturing and the use of assertive technology. This information had not been included in the people's care plans. We fed this back to the registered manager who updated the care records.
- Staff demonstrated an awareness of how people preferred to communicate. A relative told us, "They (staff) talk to [person] all the time and she indicates where she can."
- Where people needed support with their hearing or sight, care plans informed staff where people required glasses or hearing aids.
- The registered manager advised all documentation could be produced in formats to suit people, for example, larger print and braille.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- During our last inspection, some people had described a lack of flexibility to their care packages. Some improvements had been made, a person told us, "At the beginning (visit) times were difficult but we have the

times at our request now." The registered manager told us they set out clear expectations to people the times they can accommodate visits and try to be as flexible as possible.

- People and their relatives gave mixed feedback about whether the support they received was personalised. A relative told us some staff did not talk much and were unable to get to know their loved one and said, "If you get two members of staff that don't talk it is difficult and there is no dialogue." However, another relative told us, "The care staff do communicate well with [person], she is very hard of hearing, they (staff) wear face masks but most of them now know her. They do what they can for her."
- With the exception of detailed communication guidance, people's care plans were personalised. They detailed individual preferences and how they wished to be physically supported, people completed a 'this is me' form regarding who and what was important to them.
- Where possible people were given choices on who they wished to support them. A person's care review stated they preferred females to support them in the morning. This was accommodated and staff rotas reflected this decision. A person told us, "I was included with the formulation of my care plan."

#### End of life care and support

- During our last inspection, people were not always asked about their wishes at the end of their lives. Improvements had been made at this inspection.
- A high percentage of people using the service were receiving end of life support. Care plans detailed how staff could support people to be comfortable and at what point any concerns would need to be escalated to visiting healthcare professionals.
- Staff received end of life care training and understood signs to watch out for in the event of health deterioration.
- Staff had received thank you cards and emails from relatives thanking them for their kindness and the care provided.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and office-based staff team were not always clear about their roles and responsibilities. Tasks were delegated to office staff, such as auditing and supervising care staff. The registered manager was unable to provide evidence of additional training to equip office staff to complete these duties.
- There were limited opportunities to continually learn and improve care. Quality assurance processes were not always meaningful. Auditing processes included, safeguarding, accidents and incidents, personal protective equipment (PPE) and infection prevention and control (IPC). All audits were completed on the first day of each month and findings were copied over each month word for word.
- The outcomes of quality monitoring processes were not fully documented. Some audits included direct observations of practice; the findings of audits did not include whether an observation had been completed. For example, the IPC audit included for hand hygiene to be observed, the auditor concluded this was not required as hand hygiene had been included in staff induction and on-line training.
- Staff supervisions were completed by management and office staff. Supervision forms prompted the supervisor to ask questions and undertake observations, these were not always completed.
- The service used an electronic management system (ECM). The management team checked to ensure people's assessed needs had been met and staff stayed for the allocated amount of time. Missed and late visit logs showed some visits were consistently cut short. Where this may have been the person's choice, there was no documented analysis carried out to review the reasons for the short calls.

The provider's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved and were able to contribute to their care and support. Care reviews were held with people and their families where appropriate. A relative told us, "With Mum's care plan, I had involvement and put things that were important to Mum such as teddy bears and crosswords. They understand Mum's dietary intake, they understand her needs."
- Formal feedback surveys for people were planned to be distributed, the registered manager told us they

were to be issued on a 6 monthly basis. Formal feedback had not yet been sought, however, people and their relatives were able to provide feedback at care reviews or by telephone. A relative told us, "We haven't had any questionnaires or surveys yet. We talk to the office a lot though so they will know what we think."

- Staff meetings were held monthly, the minutes to these meetings detailed participation of staff in attendance. Staff told us the meetings were helpful, they were welcomed to participate. A staff member said, "We have staff meetings, since I have joined we have had them twice, usually at the end of each month, they allow us to say whatever we want, or if we are facing challenges."
- Staff told us they were asked for their opinions and the management team met with them. A staff member said, "[Registered manager] is great, they are understanding, they listen to staff's opinions about suggestions, they are listening."
- Staff were able to use a mobile app to give feedback to the management team about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to be transparent and honest when something was to go wrong. The registered manager described the duty of candour as, "To make sure you are open and transparent, anything going on, we don't hide it." The nominated individual added, "Being open, if we get things wrong, apologising and learning from it. Don't sweep it under the carpet and work towards a better outcome."
- At the time of our inspection, there had been no incidents for the management team to consider under the duty of candour.

Working in partnership with others

- The registered manager was signed up to receive updates from CQC and the Skills for Care. The registered manager said they had joined some social media forums where other managers shared ideas and experiences. The nominated individual told us they had recently joined the Kent integrated care alliance to receive updates and support.
- The registered manager met with the manager from the provider's other service to share ideas and provide mutual support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a failure to ensure risks to people had been assessed and mitigated.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery.